

MSSB Form 1340 (12/19)

US BANKRUPTCY COURT
SOUTHERN DISTRICT OF MS
FILED

Fill in this Information to identify the case:				2021 MAR -1 AM 10:32
Debtor 1	PETRO-SERVE,LTD			DANNY L. MILLER CLERK
	First Name	Middle Name	Last Name	
Debtor 2				BY <u>cl</u> DEPUTY
(Spouse, if any)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the: <u>Southern</u> District of <u>Mississippi</u>				
Case number: <u>88-07888</u>				

APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS**1. Claim Information**

For the benefit of the Claimant(s)¹ named below, application is made for the payment of unclaimed funds on deposit with the court. I have no knowledge that any other party may be entitled to these funds, and I am not aware of any dispute regarding these funds.

Note: If there are joint Claimants, complete the fields below for both Claimants.

Amount: \$1,441.98

Claimant's Name: Helen I Sarver

Claimant's Current Mailing Address 19311 La Serena Dr.
Estero FL 33967

Claimant's Current Telephone Number: (239) 267-5110

2. Applicant Information

Applicant² represents that Claimant is entitled to receive the unclaimed funds because (*check the statements that apply*):

- ☒ Applicant is the Claimant and is the Owner of Record³ entitled to the unclaimed funds appearing on the records of the court.
- ☐ Applicant is the Claimant and is entitled to the unclaimed funds by assignment, purchase, merger, acquisition, succession or by other means.
- ☐ Applicant is Claimant's representative (e.g., attorney or unclaimed funds locator).
- ☐ Applicant is a representative of the deceased Claimant's estate.

3. Supporting Documentation

- ☒ Applicant has read the court's instructions for filing an Application for Unclaimed Funds and is providing the required supporting documentation with this application.

¹ The Claimant is the party entitled to the unclaimed funds

² The Applicant is the party filing the application. The Applicant and Claimant may be the same.

³ The Owner of Record is the original payee.

MSSB Form 1340 (12/19)

4. Notice to United States Attorney Applicant has sent a copy of this application and supporting documentation to the United States Attorney, pursuant to 28 U.S.C. § 2042, at the following address: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input checked="" type="checkbox"/> <u>Jackson Office</u> U.S. Attorney's Office 501 East Court Street, Suite 4.430 Jackson, MS 39201 </div> <div style="width: 45%;"> <input type="checkbox"/> <u>Gulfport Office</u> U.S. Attorney's Office 1575 20th Avenue, 2nd Floor Gulfport, MS 39501 </div> </div>	
5. Applicant Declaration Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct. Date: _____ _____ Signature of Applicant <u>Helen I Sarver</u> Printed Name of Applicant Address: 19311 La Serena Dr Estero FL 33967 Telephone: (239) 267-5110 Email: <u>N/A</u>	5. Co-Applicant Declaration (if applicable) Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct. Date: <u>1/6/2021</u> <u>N/A</u> _____ Signature of Applicant <u>N/A</u> <u>Helen I Sarver</u> Printed Name of Applicant Address: Telephone: _____ Email: _____
6. Notarization STATE OF _____ COUNTY OF _____ This Application for Unclaimed Funds, dated _____ was subscribed and sworn to before me this _____ day of _____, 20____ by _____ Who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal. (SEAL) _____ Notary Public My commission expires: _____	6. Notarization STATE OF <u>Florida</u> COUNTY OF <u>Lee</u> This Application for Unclaimed Funds, dated _____ was subscribed and sworn to before me this <u>6th</u> day of <u>January</u> , 20 <u>21</u> by <u>Helen I Sarver</u> Who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal. (SEAL) <u>Eliese Goldenbloom</u> Notary Public My commission expires: <u>5/12/2022</u> ELIESE GOLDENBLOOME NOTARY PUBLIC STATE OF FLORIDA Comm# GG212733 Expires 5/12/2022



GENERAL AFFIDAVIT

The within named person (Affiant), Helen I Sarver, who is a resident of Lee County, State of Florida, personally came and appeared before me, the undersigned Notary Public, and makes this his/her statement, testimony and General Affidavit under oath or affirmation, in good faith, and under penalty of perjury, of sincere belief and personal knowledge that the following matters, facts, and things set forth are true and correct, to the best of his/her knowledge:

I am the Helen I Sarver that was a creditor in the 1988 Petro-Serve, LTD Bankruptcy.

Dated this 6th day of January, 20 21,
Helen I Sarver
 Signature of Affiant

=====
 State of Florida
 County of Lee

Subscribed and sworn to, or affirmed, before me on this 6th day of January, 20 21 by Affiant Helen I Sarver

Eliese Goldenbloom
 Signature of Notary Public

5/12/2022
 My Commission Expires:



ELIESE GOLDENBLOOME
 NOTARY PUBLIC
 STATE OF FLORIDA
 Comm# GG212733
 Expires 5/12/2022

**UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF MISSISSIPPI**

IN RE:

Petro-Serve, LTD

Debtor.

CASE NO. 88-07888-NPO

CHAPTER 7

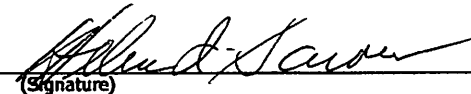
CERTIFICATE OF SERVICE

I, Helen I Sarver, certify that I have this date served by first class United States mail, with all postage pre-paid a true and correct copy of the attached *Application for Payment of Unclaimed*

Funds to:

Office of the United States Attorney
Southern District of Mississippi
501 E Court St., Suite 4-430
Jackson, MS 39201

This the 22nd day of February, 2021

By: 
(Signature)

Print Name: Helen I Sarver

Address: 19311 La Serena Dr, Estero FL 33967

Telephone: (239) 267-5110